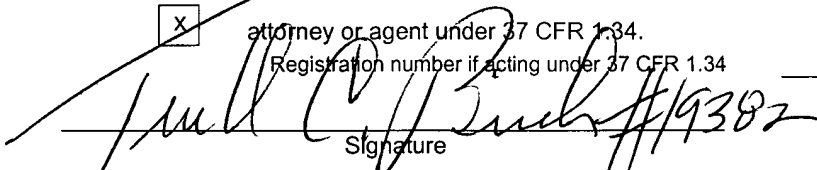


|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number (Optional)<br>1248-0673P    |                         |
| Application Number<br>10/668,186-Conf. #4125  |                                  | Filed<br>September 24, 2003               |                         |
| For<br>SINGLE-CRYSTAL SILICON SUBSTRATE, SOI SUBSTRATE, SEMICONDUCTOR DEVICE, DISPLAY DEVICE, AND MANUFACTURING METHOD OF SEMICONDUCTOR DEVICE  |                                  |   |                         |
| Art Unit<br>2813  |                                  | Examiner<br>L. M. Schillinger             |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |   |                         |
|   |                                  | <u>Fee</u>                                | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120                                     | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450                                     | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1020                                    | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590                                    | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160                                    | \$1080 \$               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                         |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |                                  |   |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>29,271</u>   |                                  |   |                         |
| <br>_____<br>Signature  |                                  | <u>October 27, 2005</u><br>Date           |                         |
| <u>Charles Gorenstein</u><br>Typed or printed name  |                                  | <u>(703) 205-8000</u><br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |   |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |   |                         |

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